

PART B - FEE(S) TRANSMITTAL

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7590

09/26/2007

Max Fogiel
44 Maple Court
Highland Park, NJ 08904

10/26/2007 HDEMESS2 00000040 061444 10551539

01 FC:1504 300.00 OP
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Max Fogiel

(Depositor's name)

Max Fogiel

(Signature)

October 22, 2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/551,539	09/14/2005	Helmut Schon		4323

TITLE OF INVENTION: DEVICE FOR THE VARIABLE ACTUATION OF GAS EXCHANGE VALVES OF INTERNAL COMBUSTION ENGINES AND METHOD FOR OPERATING SAID DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/26/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHANG, CHING	3748	123-090160

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Max Fogiel

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

THYSSENKRUPP AUTOMOTIVE AG

44793 BOCHUM, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

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☒ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1444 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Max Fogiel

Date

October 22, 2007

Typed or printed name

Max Fogiel

Registration No.

19,170

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